

## EMPLOYEE DISHONESTY BOND

(Original sent to the Home Care Services Bureau at 744 P Street, M.S. T8-3-90, Sacramento, CA 95814)

APPLICANT/LICENSEE NAME			
APPLICANT/LICENSEE MAILING ADDRESS	CITY	STATE	ZIP CODE
BONDING COMPANY		AREA CODE/TELEPHONE (      )	
BONDING COMPANY ADDRESS	CITY	STATE	ZIP CODE
LOCAL AGENT NAME		AREA CODE/TELEPHONE (      )	

**The addresses shown above for licensee and Bonding Company will be used for service of notices, papers, and other documents**

### BE IT KNOWN THAT:

Licensee, as Principal, and Bonding Company, as Surety, are held and firmly bound to the State of California and shall be in the amount specified in 1796.37 (a) (4) of the Health and Safety Code of \$ \_\_\_\_\_  
( \_\_\_\_\_ ) for the payment of which the principal and surety bind themselves, their respective heirs, successors and assigns, jointly and severally.

WHEREAS Health and Safety Code section 1796.42 requires certain applicants for licenses to file and maintain with the California Department of Social Services a surety bond; and

WHEREAS the licensee has applied to operate a Home Care Organization;

NOW, THEREFORE, the surety is liable on this bond in the event that the principal fails to handle faithfully and honestly the money of Home Care Organization clients.

The Home Care Organization covered by this bond is:

HOME CARE ORGANIZATION NAME			
HOME CARE ORGANIZATION ADDRESS	CITY	STATE	ZIP CODE
BONDING COMPANY ADDRESS	NOTE: IF OTHER HOME CARE ORGANIZATIONS ARE COVERED BY THIS BOND, SPECIFY ON A SEPARATE, ATTACHED PAGE THE NAME, ADDRESS, HOME CARE ORGANIZATION LICENSE NUMBER, AND THE BOND AMOUNT FOR EACH HOME CARE ORGANIZATION		

Every person injured as a result of any unfaithful or dishonest handling of client money or property may bring an action in a proper court on the bond for the amount of damage suffered thereby to the extent covered by the bond.

The aggregate liability of the Surety for all claims against this bond shall not exceed the amount of the bond, shown above.

This bond may be canceled by the Surety in accordance with Code of Civil Procedure section 996.030, and notice of cancellation must be sent in accordance with Code of Civil Procedure section 996.320. This bond is effective \_\_\_\_\_, and remains in effect as long as the license is valid.

DATE

I certify under penalty of perjury under the laws of the State of California that the information provided on this page and on any attachments is true and correct.

BONDING COMPANY SIGNATURE:	BOND NUMBER:	DATE:
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